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PATENT
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Applicant:	Barnett	§ Group Art Unit:	2131
Serial No.:	09/583,711	§ Examiner:	Jenise E Jackson
Filed:	5/31/2000	§ Attorney Docket:	AUS 00 0165 US1
For:	AUTHENTICATED ACCESS TO STORAGE AREA NETWORK		

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June 8, 2004
Date



Signature

RESPONSE TO OFFICE ACTION DATED MARCH 9, 2004

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the office action dated March 9, 2004 (the "Office Action"), please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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PTO/SB/21 (02-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number

09/583711

Filing Date

06/31/2000

First Named Inventor

Barnett

Art Unit

2131

Examiner Name

Jackson

Total Number of Pages in This Submission

16

Attorney Docket Number

AUS 00 0165 US1

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Joseph P. Lally

Signature



Date

June 8, 2004

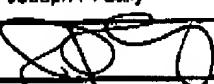
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Joseph P. Lally

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Date

June 8, 2004

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